FORM (RF-3)

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger	***************************************	
Commercial		
Automobile Physical Damag Private Passenger		
Commercial		
Liability Other Than Auto	2,441,842	-3.1%
Burglary and Theft		
Glass		
Fidelity		
Surety Reiler and Machinen		
Boiler and Machinery Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Line of Insurance		
Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
specify: N/A		
Brief description of filing. (If	filing follows rates of an a	dvisory
Organization, specify \(\)		•
organization):	Adoption of ISO's GL Loss	Cost revision GL-2013-BGL1.
	· · · · · · · · · · · · · · · · · · ·	
*Adjusted to reflect all prior ra	ato changes	
**Change in Company's prenrates.	•	t from application of ne
10100.	A(I, (', O,, I)	nsurance Comapny

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2014 new and 08/01/2014 renewal.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto	\$4,510,739.00	-0.6
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		**************************************
Life of Insurance		
Does filing only apply to certa Classes? If so, specify: NO	in territory (territories) or	certain
Brief description of filing. (If fi	ling follows rates of an a	dvisorv
Organization, specify		- · · · · · · · · · · · · · · · · · · ·
organization):	General Liability Predictive	e Analytics Filing
	· · · · · · · · · · · · · · · · · · ·	
*Adjusted to reflect all prior ra **Change in Company's prem rates.	ium level which will resu	• •
	Capitol Indemnity	
		me of Company
	Amanda Mullen, Se	enior Product Analyst

Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2014 new and 06/01/2014 renewal.

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto	\$496,181.00	-11.0
Burglary and Theft		
Glass		
Fidelity		**************************************
Surety		
•		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa	in territory (territories) or	certain
Classes? If so,	arternory (termones) or	Contain
specify: NO		
specify.		
Brief description of filing. (If fi	ling follows rates of an a	dvison
Organization, specify	mig follows rates of arra	la visory
organization):	Adopting ISO reference file	ings numbers GL-2013-BGL1
organization).	, taopining 100 Toloronico III	
*Adjusted to reflect all prior ra	te changes	
**Change in Company's prem		It from application of new
rates.	iliani, iotor ittinori vili rood	
10.00.	Capitol Indemnity	Corporation
		me of Company
	Amanda Mullen, Se	enior Product Analyst

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 11/1/2014 (2) (3) (1) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage **Private Passenger Commercial** 706.000 +4.7% 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass Fidelity 6. 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Rate revision for AICPA Personal Catastrophe Liability Program **Change in Company's premium level which will result from application of new rates. Continental Casualty Company

*Adjusted to reflect al	I prior rate changes.
-------------------------	-----------------------

Name of Company	
D. I. A. I. A.	
Robert Anderson, ACAS	
 Actuarial Consulting Director	
Official – Title	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level p	roduced by rate revision effective	07/01/14
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto	2,602,000	0.4%
4.	Burglary and Theft		
5.	Glass		
	Fidelity		
_	Surety		
8.	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners	was a second of the second of	
	Commercial Multi-Peril		
	Crop Hail	•	
15.	Other		
	Line of Insurance		
Doe	is filing only apply to certain territory (territo No	ories) or certain classes? If so, specify:	
Brie	f description of filing. (If filing follows rates BCL Rate Revision	s of an advisory organization, specify orga	nization):
	ljusted to reflect all prior rate changes. nange in Company's premium level which was a second company of the change in Company's premium level which was a second company of the change in Company's premium level which was a second company of the change in the change i	will result from application of new rates.	· · · · · · · · · · · · · · · · · · ·
	,		
		Erie Insurance I	
		Name of Co	mpany
		Loss Fontiall	<u></u>
		Ross C. Fonticella,	ACAS, MAAA
		Vice President ar	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2014 (3) (2) (1) **Annual Premium** Percent Change (+ or -)** Volume (Illinois)* **Coverage** Automobile Liability Private Passenger Commercial Automobile Physical Damage 2. Private Passenger Commercial -9.4% 3. Liability Other Than Auto 463,481 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the current ISO loss cost and keep our LCMs unchanged.

1 COT Insurance Company
Name of Company
Sherry E. Smith, Sr. Regulatory Compliance Specialist
Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

-	n effective	5/1/2014		
(1) Covera	OB	(2) Annual Premium <u>Volume (Illinois) *</u>		(3) Percent Change (+ or -) **
<u> </u>		· · · · · · · · · · · · · · · · · · ·		Onarige (· Or -)
 Automobile Lial Private Passe 				
Commercial 2. Automobile Phy Private Passe			 	
Commercial				
3. Liability Other 1	han Auto	\$1,007,545		+0.4%
4. Burglary and Th	neft			
5. Glass				
6. Fidelity				
7. Surety			 _ =	
8. Boiler and Mac	ninery			
9. Fire	-			
0. Extended Cove	rage		 -	
1. Inland Marine				
2. Homeowners		-	_	•
3. Commercial Mu	ılti-Peril			
4. Crop Hail				
5. Other				
	Insurance			
-		v (territories) or certain classe	s? If so, s	pecify:
Brief description of fi	ling. (If filing follow	s rates of an advisory organi	zation, sp	ecify organization):
Revising Type of E	<u>Business Factors ar</u>	nd class code rates.		
	ct all prior rate cl iny's premium level plication of new rate	which		
				rated Service Compar
				[:] Company n Filzen - Vice Presid
		-		al - Title

	revision effective	5/1/2014 .	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$3,072,158	-0.7%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Line of Insurance		
	s filing only apply to certain territory ee Summary Pages for a breakdowr		so, specify:
	f description of filing. (If filing follow		n, specify organization):
* C	djusted to reflect all prior rate change in Company's premium level	which	· · · · · · · · · · · · · · · · · · ·
**			Federated Mutual Company
		Na	me of Company
			Dan Filzen - Vice Preside

FORM (RF-3)

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private	volume (minors)	Change (+or-)
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
	Liability Other Than Auto	155,020	+2.92% (Est.)
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery	***************************************	***************************************
	ire		
	Extended Coverage		**************************************
	nland Marine		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Iomeowners		Abidda Airin ann an
	Commercial Multi-Peril		A CONTRACTOR OF THE PROPERTY O
	Crop Hail	**************************************	48 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Other		
	Line of Insurance		Additional interest in the second second second second second second in the second second second second second
	Does filing only apply to certain	n territory (territories) or	certain
	Classes? If so,		
5	specify: No No		
-	Brief description of filing. (If fil	ling follows rates of an a	duicon
	Organization, specify	ing lollows rates of all a	avisory
	organization):	For Monoline General Liab	ility, we have adopted ISO's Loss Costs
	Reference Filing GL-2012-BGL1, Circular		
-	Estimated Loss Potentials.	Er GE 2012 100, along with apo	atod morodood Emilio i dotoro and
-	Adjusted to reflect all prior rate	te changes	
*	*Change in Company's premi	ium level which will resul	It from application of new
	rates.	GITTICVO, WINCIT WINT CODE	a nom apphoation of non
	a.co.	Hastings Mutual In	surance Company
			me of Company
			P, Insurance Operations
			Official – Title

		mium or rate level produced by rate	
	revision effective	April 1, 2014	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	·	
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$26,681	-11.0%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	<u> </u>	
12.	Homeowners	<u> </u>	
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance		
	s Filing only apply to certain territor ses? If so, specify: This ado	y (territories) or certain ption applies to the HDI-Gerling End	ergi Program only.
Brie	f description of filing. (If filing follow	rs rates of an advisory	
	inization, specify organization):	Adoption of ISO's Commercial Gl	Loss Costs
		Reference Filing Number GL-2013	
	•		
	* Adjusted to reflect all prior rate ch	anges	
	* Change in Company's premium le		
	result from application of new rate		
	,		
		HDI-Gerling America	Insurance Company
			Company
		Kevin Purcell	- VP IRC, LLC
		Officia	l - Title

rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto	667361	-11.0
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		-,
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Line of Insurance		
Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
Brief description of filing. (If fi	ling follows rates of an a	dvison
Organization, specify organization):	ing follows rates of an ac	uvisory

Mid Continent Casualty Company

Name of Company

Vicki LingaFelter Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2014

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>		
11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance	86,387 territories) or certain classes? If so, specify:	-10.8%		
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the current ISO loss cost and keep our LCMs unchanged. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.					
0	mange in Company 3 premium level w	Monroe Guaranty Insurance Co Na Sherry E. Smith, Sr. Regulatory	me of Company		

FORM (RF-3)

SUMMARY SHEET

Annual Premium Volume (Illinois) *	Percent Change (+or-) **
7.606	-18.5
,000	-10.3
	·
erritory (territories) or	certain
g follows rates of an a	dvisory
Adopting the loss costs pr	ovided by ISO
ohangas	
	It from application of no
n ieverwindt wiil tesu	
National Fire and I	ndemnity Evchange
	g follows rates of an a Adopting the loss costs pr changes. In level which will result in the loss costs of the loss c

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2014

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	2,083,640	-12.3%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify	r: <u>N/A</u>
	ef description of filing. (If filing follows current ISO loss cost and keep our LCMs unchan	rates of an advisory organization, specify o	organization): We are filing to adopt
	justed to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rate	S.
		National Trust Insurance Co	mpany
			Name of Company
		Sherry E. Smith, Sr. Regulat	ory Compliance Specialist
			Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective <u>03-01-14 New; 06-15-14 Renewal</u>.

	(1) Coverage	(2) Annua! Premium Volume (Iliinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	voidine (illinois)	Change (101-)
1,	Passenger		
	Commercial		
2			
2.	Automobile Physical Damag Private Passenger		•
	Commercial		
3.		#04.005.050	.0.0%
3. 4.	Liability Other Than Auto	\$31,025,050	+2.0%
寸. 5.	Burglary and Theft Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	·	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: No No	in territory (territories) or	certain
	Brief description of filing. (If fi Organization, specify organization):	•	dvisory
	mitigate the large swings in rates due to mo		previously on 2007 Loss Costs. Increase
	subcontractors rates 10% and update rates		
	*Adjusted to reflect all prior ra **Change in Company's prem	•	It from application of new
	rates.	DEIZINI INIOI	IDANICE COMPANY
			RANCE COMPANY me of Company
		Na.	HIM DI CONBININ

PEKIN INSURANCE COMPANY

Name of Company

Joseph R. Ricigliano - Vice-President of Commercial Lines

Official — Title

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto	\$314,536	-9.9%
3. 4.	Burglary and Theft	\$314,330	-9.970
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Line of Insurance		
oes	filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
			·
		s rates of an advisory organization, specify	organization):
rief	description of filing. (If filing follows	ti	a laca aceta marician
Vе	are implementing ISO Premises & Op	erations and Products/Completed Operation	ns loss costs revision
We	description of filing. (If filing follows are implementing ISO Premises & Op 2013-BGL1.	erations and Products/Completed Operation	ns loss costs revision
We GL-	are implementing ISO Premises & Op 2013-BGL1.	erations and Products/Completed Operation	ns loss costs revision
We GL- * A	are implementing ISO Premises & Op 2013-BGL1. Adjusted to reflect all prior rate change	erations and Products/Completed Operation s.	ns loss costs revision
We GL- * A	are implementing ISO Premises & Op 2013-BGL1. Adjusted to reflect all prior rate change change in Company's premium level w	erations and Products/Completed Operation s.	ns loss costs revision
We GL- * A	are implementing ISO Premises & Op 2013-BGL1. Adjusted to reflect all prior rate change	erations and Products/Completed Operation s.	ns loss costs revision
We GL- * A	are implementing ISO Premises & Op 2013-BGL1. Adjusted to reflect all prior rate change change in Company's premium level w	erations and Products/Completed Operation s.	ns loss costs revision
We GL- * A	are implementing ISO Premises & Op 2013-BGL1. Adjusted to reflect all prior rate change change in Company's premium level w	erations and Products/Completed Operation s.	ns loss costs revision
We GL- * A	are implementing ISO Premises & Op 2013-BGL1. Adjusted to reflect all prior rate change change in Company's premium level w	erations and Products/Completed Operation s. hich will	er Mutual Insurance Company
We GL- * A	are implementing ISO Premises & Op 2013-BGL1. Adjusted to reflect all prior rate change change in Company's premium level w	erations and Products/Completed Operation s. hich will	ns loss costs revision
We GL- * A * C	are implementing ISO Premises & Op 2013-BGL1. Adjusted to reflect all prior rate change change in Company's premium level w	erations and Products/Completed Operation s. hich will	er Mutual Insurance Company
We GL- * A	are implementing ISO Premises & Op 2013-BGL1. Adjusted to reflect all prior rate change change in Company's premium level w	s. hich will Shelte	er Mutual Insurance Company Name of Company
We GL- * A	are implementing ISO Premises & Op 2013-BGL1. Adjusted to reflect all prior rate change change in Company's premium level w	s. hich will Shelte	er Mutual Insurance Company Name of Company Marcks, Coord Ins Dept

FORM (RF-3)

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private Passenger Commercial		
Automobile Physical Damag Private Passenger Commercial		•
Liability Other Than Auto	1,002,011	-11.0
Burglary and Theft		
Glass		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fidelity	MILLER HER HENDE HENDE LINES AND HENDERS HENDE	
Surety		·
Boiler and Machinery	Anna de la descripción de la constitución de la con	
Fire		
Extended Coverage		PROTECTION OF THE PROPERTY OF
Inland Marine	·	
Homeowners		
Commercial Multi-Peril		**************************************
Crop Hail	Annual Control of the	WATER TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF
Other		
Line of Insurance	A STATE OF THE STA	
Does filing only apply to cert Classes? If so,	ain territory (territories) or	certain
specify: N/A		
Brief description of filing. (If	filing follows rates of an ac	dvisory
Organization, specify organization):	Adoption of Illinois General	Liability Advisory Prospective Loss Cos
Revision Furnished for Use		
Designation Number GL-2013-BGL1		
*Adjusted to reflect all prior r **Change in Company's prer	•	t from application of new
rates.	Sompo Japan Insu	rance Company of America
		me of Company
	Temica Taylor, State	•
		Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective New: 5/12/41. Renewal: 9/15/14.

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage -	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		<u> </u>
	Commercial		
3.	Liability Other Than Auto	\$42,336.	-0.3%
4.	Burglary and Theft		
5.	Glass		
3 .	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
9.	Fire	\$1,110.	0%
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does filing only apply to certain territory (territories) or certain Classes? If so.			
	specify: No.		
	Brief description of filing. (If fil	ling follows rates of an ad	visory
	Organization, specify		
	organization):		011 to \$50 & CG2026 to \$25.
	Introducing L723 for \$100. Removing pro		. We now point to our approved
	Regional General Package filing for propert		
	*Adjusted to reflect all prior rat **Change in Company's premi		from application of new
	rates.		
		United State Liability	
			ne of Company
		Clare Donnelly - Filin	g Specialist fficial – Title
		ų į	